

LIC LIST

LICENSEE LIST APPLICATION

For Office Use Only

Questions?
 (503)378-4034

OREGON BOARD OF TAX PRACTITIONERS

3218 Pringle Rd SE, Ste 120, Salem OR 97302

Fax (503)585-5797

Email: tax.bd@oregon.gov

Do NOT email this form

Website: www.oregon.gov/OBTP

ALLOW APPROXIMATELY TWO WEEKS FROM OUR RECEIPT OF YOUR PAYMENT TO FILL YOUR ORDER

1

PLEASE PRINT OR TYPE

NAME Last:		First:	Middle:
Mailing Address:			
City:	State:	Zip Code:	County:
Cell Phone:	Home Phone:	Business Phone:	
Fax:	*E-Mail:		

* Please provide the Board of Tax Practitioners with your current e-mail address to assure receipt of Board information.

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ORDER LIST OF LICENSEES

LICENSE CATEGORY (Please specify)

- Preparers only
 Consultants only
 Both Preparers and Consultants

GEOGRAPHIC AREAS

- All geographic areas
 One or more counties
 (County list on page 2)

FORMAT

- Excel
 ASCII

SORT ORDER

- Zip code order
 Alphabetical order by name

DELIVERY

- Email Address (List above; No Additional Fees)
 Pick up Disc at Tax Board office (Additional \$2 Fee)
 Mail to your address (Additional \$3 Fee)

MAILED ITEMS:

ALLOW APPROXIMATELY TWO WEEKS FROM OUR RECEIPT OF YOUR PAYMENT TO FILL YOUR ORDER

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TO ORDER, CHECK ✓ THE COUNTIES YOU WISH TO HAVE INCLUDED IN YOUR LIST, THEN COMPLETE THE FEE INFORMATION AT THE BOTTOM OF THE PAGE.

COUNTIES							
<input type="checkbox"/>	BAKER	<input type="checkbox"/>	DOUGLAS	<input type="checkbox"/>	LAKE	<input type="checkbox"/>	SHERMAN
<input type="checkbox"/>	BENTON	<input type="checkbox"/>	GILLIAM	<input type="checkbox"/>	LANE	<input type="checkbox"/>	TILLAMOOK
<input type="checkbox"/>	CLACKAMAS	<input type="checkbox"/>	GRANT	<input type="checkbox"/>	LINCOLN	<input type="checkbox"/>	UMATILLA
<input type="checkbox"/>	CLATSOP	<input type="checkbox"/>	HARNEY	<input type="checkbox"/>	LINN	<input type="checkbox"/>	UNION
<input type="checkbox"/>	COLUMBIA	<input type="checkbox"/>	HOOD RIVER	<input type="checkbox"/>	MALHEUR	<input type="checkbox"/>	WALLOWA
<input type="checkbox"/>	COOS	<input type="checkbox"/>	JACKSON	<input type="checkbox"/>	MARION	<input type="checkbox"/>	WASCO
<input type="checkbox"/>	CROOK	<input type="checkbox"/>	JEFFERSON	<input type="checkbox"/>	MORROW	<input type="checkbox"/>	WASHINGTON
<input type="checkbox"/>	CURRY	<input type="checkbox"/>	JOSEPHINE	<input type="checkbox"/>	MULTNOMAH	<input type="checkbox"/>	WHEELER
<input type="checkbox"/>	DESCHUTES	<input type="checkbox"/>	KLAMATH	<input type="checkbox"/>	POLK	<input type="checkbox"/>	YAMHILL
<input type="checkbox"/>	OUT-OF-STATE	<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>	ALL COUNTIES

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CHECK APPROPRIATE FEES

- \$25** – List of all counties \$ _____
 - \$25** – List number of counties requesting \$ _____
 - \$120** – One-year monthly subscription of current licensees
 Month Beginning (mm/yy) _____ Month Ending (mm/yy) _____ \$ _____
 (List will be provided between the 1st & 10th of each month)
 - \$25** – One time list of examinees who passed the following examinations:
 All Examinations Preparer (only) Consultant (only) \$ _____
 Beginning Date: _____ Ending Date: _____
 - Mailing Fee (add \$3) Disc Fee (add \$2) \$ _____
- TOTAL FEES** \$ _____

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A \$25 administrative processing fee will be assessed for any payment dishonored by the bank per OAR 800-020-0025(21).

Payments

Send Payments - Payable to: OBTP
 3218 Pringle Rd SE, Ste 120, Salem OR 97302
 or FAX (503) 585-5797

NUMBER _____ - _____ - _____ - _____

Billing Address _____

Billing Zip Code: _____ **Exp:** ____ / ____

